

## Post Retirement Services Division

P.O. Box 942716 Attention: Unit 491

Sacramento, CA 94229-2716

Telecommunications Device For The Deaf - (916) 326-3240

(916) 326-3848; (800) 352-2238

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|----|---|----|---|--|--|--|--|--|--|
| 63 | × | 20 |   |  |  |  |  |  |  |

## PERS DIRECT DEPOSIT AUTHORIZATION

To sign up for Direct Deposit, simply complete this authorization. You must check the type of account (checking or savings), and sign and date this authorization. If your address is incorrect, please correct it. Please include your telephone number so we may contact you if we have any questions.

If you want Direct Deposit to your checking account, attach your voided or canceled check. Do not attach a deposit slip. IF YOU ATTACH YOUR CHECK, YOU DO NOT NEED TO VISIT YOUR FINANCIAL INSTITUTION.

If you are authorizing PERS to directly deposit your monthly benefit into your savings account, or if you do not wish to attach a voided or canceled check, please visit your financial institution to obtain the correct routing number and your correct account number. Your financial institution will be able to answer questions you may have about the effectiveness of Direct Deposit. You may call us at the above telephone numbers if you have further questions.

You will receive your monthly benefit by Direct Deposit approximately 60 days after PERS receives this authorization. During this time PERS will run a test transaction through the banking system. We will write you to let you know when you will receive your first Direct Deposit.

| Social Security Number                                       | Type of Account (Check Or Checking (Attach a voided or cal  |      |  |  |  |  |
|--|---|------|--|--|--|--|
| Phone Number (area code and phone number) ( ) (For PERS Use) | CERTIFICATION  I certify that I am entitled to the payment identified above, and that I have read and understood the information and instructions on this form. In signing this form I authorize my payment to be sent to my financial institution and deposited to the designated account. I authorize amounts transferred after my date of death or transmitted in error to be debited to my account. |      |  |  |  |  |
|  | Signature of Payee  |      |  |  |  |  |
|  | x   | Date |  |  |  |  |

## (TO BE COMPLETED BY FINANCIAL INSTITUTION IF NECESSARY)

| Name and Address of Financial Institution | Depositor Branch and Account Number (Please show exactly how the number should be recorded including any necessary spaces, zeros, or dashes.)             |  |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|--|
|   |   |  |  |  |  |  |  |  |  |  |
| Branch Name and Number                    | Branch Telephone Number Routing Number Check Digit  |  |  |  |  |  |  |  |  |  |
|   | TAL INSTITUTION CERTIFICATION  the account number. As representative of the above-named financial institution, I ad deposit the payment identified above. |  |  |  |  |  |  |  |  |  |
| Signature of Representative               | Print/Type Representative's Name Date   |  |  |  |  |  |  |  |  |  |